



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

CANDIDATE COMMITTEE
COVER PAGE

06 AUG 29 PM 2:36

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

CARROLL COUNTY CLERK
JAMES SENSTOCK
MT. CLEMENS, MICHIGAN

This Statement covers From: 12-31-05 To: 7-23-06
Mo Day Year Mo Day Year

1. Committee I.D. Number 135331-50	4. Candidate Last Name SENSTOCK First Name JAMES M.I.
2. Committee Name COMMITTEE TO ELECT JAMES SENSTOCK	4a. Office Sought Including District # or Community Served (If applicable) COMMISSIONER DISTRICT #18 4b. County of Residence MACOMB Driver License # (Optional)
5. Committee's Mailing Address 31698 SAN JUAN HARRISON TWP, MI 48045 Area Code and Phone (586) 463-9150 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address JAMES SENSTOCK 31698 SAN JUAN, HARRISON TWP MI 48045 Area Code & Phone (586) 463-9150 Driver License # (Optional)
7. Treasurer's Business Address JAMES SENSTOCK 31698 SAN JUAN HARRISON TWP MI 48045 Area Code and Phone (586) 463-9150	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () Driver License # (Optional)

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 8-8-06 Month Day Year	9c. <input type="checkbox"/> Annual Statement (Coverage Year) 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) PAGES 1, 2, 4 SCHEDULE 1A 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	JAMES SENSTOCK	Signature	<i>James Senstock</i>	Date	8/29/06
	Type or Print Name		Signature		Mo Day Year
Candidate	JAMES SENSTOCK	Signature	<i>James Senstock</i>	Date	8/29/06
	Type or Print Name		Signature		Mo Day Year



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50
2. Committee Name CTE JAMES SENSTOL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for E Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>LAWRENCE MISLINSKI</u>					
Address: <u>32745 SQUIR RD HARRISON TWP MI 48045</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				25.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>VIJAY PARAKH</u>					
Address: <u>43759 CRAWFORD CANTON MI 48187</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation <u>BLOG DIRECTOR</u> Employer <u>HARRISON TOWNSHIP</u>					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				500.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>WALTER GRAVES</u>					
Address: <u>27765 MORAN HARRISON TWP MI 48045</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				50.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>MIKE SESSA</u>					
Address: <u>29559 RIVERSIDE BAY CT HARRISON TWP MI 48045</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				50.00	
Page Subtotal					
Grand Total of All Schedules 1A (Complete on last page of Schedule)				625.00	

Enter this total on
line 3a of
Summary Page